

Enclosure B

COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND
SUBMITTED WITH PLAN AND DATA

PLUMAS County is requesting participation in the Enhanced Anti-Fraud Program
and will submit a Plan and Data as described above, by November 1, 2009.

Board of Supervisor Approval

Approved on OCT 20, 2009, by the County Board of Supervisors

Name of Approver: _____

SEE ENCLOSED MINUTE
ORDER

Signature _____

Name of County District Attorney Representative: JEFF CUNAN, DISTRICT

County District Attorney Representative Telephone #: _____ ATTORNEY

Email Address: _____ 530-283-6303

Name of County Welfare Department Representative: ELLIOTT SMITH

County Welfare Department Representative Telephone #: 530-283-6350

Email Address: _____

**PLUMAS COUNTY PLAN
FOR
FRAUD INVESTIGATIONS AND PROGRAM INTEGRITY
IN THE
IN-HOME SUPPORTIVE SERVICES PROGRAM
PURSUANT TO
THE CALIFORNIA BUDGET ACT OF 2009**

I. Identification of IHSS Overpayments and Underpayments

County quality assurance (QA) activities are performed by a Senior Social Worker that is assigned .50 FTE to performing QA activities. The IHSS QA Senior Social Worker plays a key role in identifying overpayments and underpayments. Key elements of this role include random review of cases and reviews of cases that exceed the 300 hour threshold. Other elements generating case reviews for overpayments and underpayments could include reports from the public and/or other sources.

When the QA Senior Social Worker determines that approved IHSS supportive services authorized by the case carrying social worker are suspected of not being performed by providers or that other elements of potential fraud are suspected to exist which could lead to an overpayment, the IHSS QA Senior Social Worker shall refer the case to the assigned IHSS case carrying social worker. The case carrying social worker shall review submitted time cards for determination regarding whether a suspected fraud referral is to be made.

Upon review of such cases where there is suspicion that authorized services are not being provided and where time cards have been submitted and paid, for all authorized hours, the case carrying social worker shall refer the suspected fraud case to the Welfare Fraud Investigator (Special Investigations Unit – SIU) for further investigation.

As appropriate, overpayment cases may be referred to the District Attorney for further review and potential prosecution for alleged crimes such as forgery or perjury.

To the extent that review of apparent underpayments suggests that they may have derived from consumer error, misreporting of hours or social worker error, such cases are referred to the case carrying social worker for correction. Social workers will be responsible for keeping IHSS recipients apprised of proper reporting of hours and the consequences for incorrect reporting.

All of the overpayment/underpayment identification activities will be reviewed semi-annually by the Department's management and supervisory team to assure that activities are properly targeted toward overpayment and underpayment identification.

II. Methodology for Determining Appropriate Agency

All initial investigations of alleged IHSS fraud will be conducted by the Department of Social Services through the Special Investigations Unit and the Welfare Fraud Investigator. Upon the completion of an initial investigation, the SIU may determine that a referral to the State Department of Health Care Services is appropriate based upon particular facts in the case, such as the provider and/or recipient has moved or where there is a component of Medi-Cal fraud that is suspected to exist in addition to the receipt of IHSS services.

Upon completion of an initial investigation, the Welfare Fraud Investigator may determine that the dollar value of suspected fraud exceeds \$500. Under this circumstance, the suspected fraud case will be referred to the DHCS for further review and investigation.

In some instances referral to the District Attorney will be appropriate when there are allegations and supporting evidence of a crime such as perjury or forgery. Internal reviews by supervisory staff will provide guidance to our SIU and Quality Assurance staff regarding the path a referral should take.

The activities described in this section will be reviewed during the first six months of program operations to assure that appropriate agencies are included in investigative activities.

III. Assignment of Department Resources for Investigation

The Department currently employs a 1.00 FTE Welfare Fraud Investigator within the Department's Special Investigations Unit. The Department's initial plan will be to redirect .10 FTE to investigation of suspected IHSS fraud. This initial allocation of time may be adjusted as necessary depending on the number of referrals received and/or the time needed to conduct a complete investigation of the allegation.

The proposed budget includes funding for an MOU with the District Attorney to enable joint investigations when the circumstances indicate that it is appropriate or necessary.

IV. Collaboration with the District Attorney

The Department of Social Services has had a long-standing partnership with the District Attorney. The Department plans to enhance this long-standing collaboration by increasing our referrals to the DA when our investigations determine that a potential crime has been committed. Under certain circumstances the Department may conduct joint investigations with the DA when the circumstances dictate it. We plan on enhanced communication so that the Department can meet the DA's needs for facts and evidence that support prosecutions.

All substantiated IHSS fraud investigations where the estimated value of the fraud is \$500 or less will be referred to the Office of the District Attorney for their evaluation and a determination regarding whether criminal fraud prosecution will be pursued. The District Attorney will review the allegations and based upon their independent evaluation of the evidence presented, determine whether to proceed with prosecution.

We expect these enhanced partnerships to result in reduced incidences of IHSS fraud particularly as publication of arrests and convictions for IHSS fraud appear in local media.

V. Collaboration with the Department of Health Care Services and the Department of Social Services

Although currently, DHCS investigators do not make visits to Plumas County, the Department is prepared to fully collaborate and cooperate with DHCS staff. Internal SIU staff will be available to DHCS for collaborative and joint investigative activities as needed and appropriate.

In addition, all initial referrals for investigation of suspected IHSS fraud will be evaluated for suitability of referral to the State Department of Health Care Services or the State Department of Social Services. Where the suspected dollar value exceeds \$500, an automatic referral will be made.

VI. Mechanism for Tracking/Reporting

The County will track all referrals and will report outcomes and other data as proscribed by CDSS. Tracking of referrals and outcomes will take place in the County Special Investigations Unit (SIU). We agree to continue to track such referrals and outcomes and make such reports as are requested or required by CDSS regarding this data.

VII. County Current and Proposed Anti-Fraud Activities

Nearly all current fraud referrals in the IHSS program are made by PCDSS staff. On occasion referrals will come from community-based sources. Additional random reviews by County QA and supervisory staff will operate to enhance our anti-fraud efforts.

Additionally, the Department will work toward generating a range of case criteria that will operate to trigger closer case reviews and potentially trigger investigative activities by our SIU. The SIU will provide monthly updates to management and supervisory staff regarding the status of IHSS investigations. Ultimately we plan to have written guidelines available for Fraud reporting as well as publishing a telephone number that will enable community-based fraud referrals to be made.

All new providers are furnished with a County-produced IHSS handbook. Within the handbook, the County provides the following information:

*"Sometimes providers will claim hours worked while they were hospitalized, on vacation or otherwise unable to work the hours claimed for a particular day. **This is Fraud.** If IHSS discovers that a provider is claiming hours worked when they did not work, that provider will not be paid for those hours...IHSS also has the option to terminate the provider's employment and/or refer that provider to the agency fraud investigator".*

Provider orientation will be conducted under contract with the Nevada-Sierra Public Authority. Within the elements of this orientation, extensive information will be provided to IP's regarding the elements that constitute fraud and how fraud can be avoided.

Future anti fraud activities being considered include making unannounced visits to the homes of consumers when there is suspected fraud and conducting a mass mailing to providers at periodic times during the year reminding them about the elements of fraud. In addition, the County plans to fully cooperate with DHCS investigators when such personnel are deployed to Plumas County.

And, the county supervisory and management staff will continue to track errors in program administration and to the extent that it is necessary and appropriate, partner with CDSS on such studies.

VIII. County Proposed Budget for the Utilization of Funds

1. Personnel Costs ----- \$9,517

Justification: Salary and benefit costs for .10 FTE Welfare Fraud Investigator who will be assigned to IHSS Investigations.

2. Operating Costs----- \$1,000

Justification: Postage and Office Supplies

3. Professional Services----- \$14,797

Justification: Funding for an MOU with the Office of the District Attorney to assist with joint investigations.

4. Special Travel ----- \$1,000

Justification: Travel for training

Total----- \$26,314

IX. Description of how the County will Integrate Other Program Integrity Efforts within the Plan

The County will work closely with the Office of the District Attorney in the pursuit of any allegation of IHSS fraud where the DA can play a role in securing evidence and interviewing potential witnesses. We will also work cooperatively with all Program Integrity efforts that are initiated in the County by the Department of Health Care Services, including participating in joint investigations, interviews, and other mechanisms employed to promote program integrity and to reduce and/or identify potential fraud.

While quality assurance reports will form a significant referral source for the program integrity efforts, the county will utilize other available reports, resources and data as needed and appropriate which may include Death Match Reports, Over 300 Hours Reports, and CMIPS Ad Hoc Reporting. In all instances, there will be continuing interchanges as needed and appropriated with DHCS Program Integrity staff, Investigators and with CDSS program staff.

The County will also incorporate program integrity and anti-fraud elements in all orientations of new providers. We also anticipate conducting cross training

of all staff in how to recognize and report suspected fraud in the IHSS program.

X. Annual Outcome Report

The County will provide an annual outcome report by August 1, 2010 and each year thereafter which will identify activities, data and outcomes associated with our efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the prior twelve month period.

To the extent that CDSS and/or DHCS require additional data on outcomes or program activities, the County is fully prepared to cooperate with either or both entities.

XI. Key Contacts

Welfare Department Representative:	Elliott Smart, Director
Welfare Representative Telephone:	530-283-6350
Representative E-Mail:	elliottsmart@countyofplumas.com

District Attorney Representative:	Jeff Cunan, District Attorney
DA Representative Telephone:	530-283-6330
DA E-Mail:	jeffcunan@sbcglobal.net

XII. Certification

Plumas County certifies that the activities that are described in the context of this plan are either under way or will commence no later than sixty days following the receipt of funding.

Budget Justification
Plumas County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 9,517
B. Operating Expenses	\$ 1,000
C. Equipment Expenses	\$ 0
D. Travel/Per Diem and Training	\$ 1,000
E. Subcontracts and Consultants	\$ 14,797
F. Other Costs	\$ 0
G. Indirect Expenses	\$ 0
Total Expenses	\$ 26,314

A. Personnel Costs (including employee benefits)	Total Budget
Title: Welfare Fraud Investigator Salary Calculation: \$95,170 Salary and Benefits @ .10 FTE assigned to IHSS Fraud Investigations Duties Description: The Welfare Fraud investigator conducts initial investigations of allegations of provider or recipient fraud in the IHSS program. Based upon initial findings, the Investigator may refer the case to the Plumas County District Attorney for either additional investigation or a joint investigation and/or may also refer the investigation to the DHCS for either additional or joint investigation.	\$ 9,517
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Title:	\$

Salary Calculation:	
Duties Description:	
Title:	\$
Salary Calculation:	
Duties Description:	
Total Personnel Costs:	\$ 9,517

B. Operating Expenses	Total Budget
Title: Postage	\$ 300
Description: Mailing anti-fraud and other program integrity information to potential providers and to new IHSS recipients	
Title: Office Supplies	\$ 700
Description: Paper, envelopes, etc	
Title:	\$
Description:	
Total Operating Expenses:	\$ 1,000

C. Equipment Expenses	Total Budget
Title: None	\$ 0
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Equipment Expenses:	\$ 0

D. Travel/Per Diem and Training	Total Budget
Title: Special Travel Description: Travel for training and to conduct home visits and field investigations	\$ 1,000
Title: Description:	\$
Title: Description:	\$
Total Travel/Per Diem and Training:	\$

E. Subcontracts and Consultants	Total Budget
Title: Professional Services Description: Memorandum of Understanding with the Plumas County District Attorney for the purposes of conducting joint investigations into suspected IHSS fraud.	\$ 14,797
Title: Description:	\$
Title: Description:	\$
Total Subcontracts and Consultants:	\$ 14,797

F. Other Costs	Total Budget
Title: Description:	\$ 0
Title: Description:	\$
Title: Description:	\$

Title:	\$
Description:	
Title:	\$
Description:	
Total Other Costs:	\$ 0

G. Indirect Expenses	Total Budget
Title:	\$ 0
Description:	
Title:	\$ 0
Description:	
Total Other Costs:	\$ 0